

# **Christians on Ageing Annual Conference**

held 20 September 2023 by Zoom

## **Challenging Exclusion in a Harsh Environment**

**10.00am:** Dr David Jolley, Chair of Christians on Ageing welcomed participants and introduced the day's theme and proceedings. David gave a brief summary of the history and achievements of Christians on Ageing over the past 40 years and outlined its current profile and ambitions

### **Morning session: 'Care and support: A Covenant?', chaired by Dr David Jolley**

**10.15am:** Will Fremont-Brown, Commissions of the Archbishops of Canterbury and York, Lambeth Palace, gave a presentation on '*Care and Support Reimagined*', covering the Report's key issues and ideas.

*Will is a researcher for the Church of England's Public Policy Team, advising the Archbishops, Lords Spiritual and the General Synod on matters of public policy and ethics. Until June 2023, he managed the Archbishops' Commissions on Reimagining Care and Families and Households, overseeing their research and external engagement programmes.*

#### **Summary of presentation**

'Care and support reimagined' was conceived as a response to the perception that all is not well in attitudes and practicalities relating to people who are old or disabled. Thinking is dominated by short term aims. People are not enabled to fulfil their potential or to flourish. Archbishop Justin Welby had said: 'The way we care for others is a key marker of our values'. **A short video** illustrated a view that everyone has worth despite our differences. This has biblical verification: a good society carries God's values through to everyday life. The Report's working group drew members from a wide circle and had experience in relevant fields. It made use of visits to sites and people of interest, met with stakeholders, undertook consultations with individuals and groups, hosted round table discussions and a 'virtual summit'.

They concluded that the Care System is complex and difficult for people to understand and engage with. Unpaid carers are already stretched and feel unvalued. There is less than satisfactory coordination of effort between agencies, including the NHS and local authority social care but communities (including churches and faith communities) provide vital informal support. Some proactive local authorities deliver community-led initiatives, and family carers and care workers provide amazing support under difficult circumstances.

They identified ambition for change to produce a system which: allows people to flourish; is universally available and fair; demonstrates loving kindness and empathy; is inclusive and promotes mutuality and trust. A second video outlined the importance of: attitudes, roles and responsibilities; a need for a redesign of the system. Rethinking attitudes involved: changing the way that care is understood; recognising that almost all of us are affected by care and support in one way or another; a challenge to ageism and ableism; a look to a culture shift.

**Rebalancing roles and responsibilities:** there was need for/to

- A National Care Covenant that sets out the mutual responsibilities of individuals, families and communities alongside local and national government.
- Empowering communities
- Agree a new deal for unpaid carers
- A stronger role for the state
- Accepting our responsibilities as engaged citizens

**Redesigning the system:**

- To be simple, consistent and person-centred
- A long-term commitment to make care and support a universal entitlement
- A simplified assessment process leading to a guaranteed budget
- People to be trusted to manage their own care and decide what help they need
- Independent advocacy to help people access their rights and entitlements
- A renewed emphasis on the personal qualities and values required for care worker roles.
- There is a clear need for more money to be spent on care and support.

**Brief discussion from floor – questions and responses**

David invited comment and questions from those present. These included:

- More about financing care and the theology of wealth and inheritance
- Intergenerational aspects of the mutuality involved in caring
- Attention to aspects of sexism, racism and social justice in thinking, attitudes and decision-making
- Sacrifices are willingly made – but require an adequate context of responsible support by the state
- There is an assumption that informal care will continue at current levels or might increase: We heard that Australia is finding fewer people are willing or able to give time to voluntary work
- “Earth provides enough to satisfy every man's needs, but not every man's greed” Mahatma Gandhi
- Many comments of thanks to Will for his excellent and challenging presentation.

**11.15am:** Discussion groups were held in break-out rooms on topics suggested by our speaker. See pages 7-11 for a full report of these.

Group 1: **Rethinking attitudes** on the values and principles set out by the Report.  
Chaired by Marion Shoard

Group 2: **Rebalancing roles and responsibilities** of individuals, families, communities, local and national government. Chaired by Revd Dr Joseph Cortis

Group 3: **Redesigning social care** across the whole system of first contact, assessment, budgets, and delivery. Community input? Universal entitlement? Chaired by Dr David Jolley

**12.15pm: Feedback from groups:** There followed a session in which the facilitators for each group outlined a few key points arising from discussions. This allowed everyone to gain a flavour and hints of ideas which were raised and might be followed up.

#### Group 1:

- Churches may think they are welcoming, but there's always far more to do.
- Imagine the sense of exclusion, perhaps abandonment, of a long-time church member who, because of frailty, is unable to go to church, remains unvisited and their opinion on church matters unsought.
- Have you checked that your church's attempts at improving the accessibility of its buildings and facilities really help everyone?
- Churches should redouble their efforts to visit individuals in care homes; help residents to get out to church if they wish; and bring acts of worship into care homes, not only to fulfil spiritual needs but also to generate a sense of a church 'home' for people who have lost their physical home.

#### Group 2:

- Covenant is a great (Christian) concept, but may be difficult to put into action in wider society. Are there secular models we could also follow (community action groups, citizens' assemblies)?
- Inclusivity regarding ageing and disability is a challenge but ideas of covenant and all people bearing the image of God are helpful. Making changes to increase inclusivity requires resources and will-power, and cultural change.
- A partnership approach between churches and community groups is believed to be desirable and effective for faith communities to have an impact.
- Churches can support carers by facilitating them meeting, talking, training and receiving care themselves – including space to be themselves.

#### Group 3:

- Adequate financing of formal services
- Universal offer of early first contact in the community
- Simple, consistent, person-centred care
- Value based

*A fuller report of groups' discussions can be found at pp.7-11*

**1.30pm: Something different, with active involvement:** COA Trustee, Barbara Stephens, introduced *Ines Delgado, violinist and music therapist*. Ines spoke briefly about her work with older people using meditative and creative processes, expressed through music. She shared three exercises in which participants engaged by recording their thoughts and feelings in the on-screen 'chat'. Participants were encouraged to relax and become receptive to the music that followed.

Exercise 1: 'How are you?' involved listening and noting the feelings that were raised. Exercise 2: The passage played evoked loneliness, having the character of a lament. Participants were invited to share a word in the chat that came to them, and read and engage with the words of others. Exercise 3: A third passage aimed to enable visualisation of a positive or restful scene by painting a mental image in one's mind. Again, words were shared on chat and included such scenes as a seaside, warm afternoon, beautiful sky etc. This session was warmly received by participants who enjoyed the restful, sensory experience invoked by music.

## ***Afternoon session: 'Older people at the margins', chaired by Revd Dr Keith Albans***

**2pm:** Keith Albans, Trustee, spoke briefly about the afternoon theme, addressing a second aspect of our overall theme of challenging exclusion. He introduced Nichola Cadet, Senior Lecturer in Criminology, Sheffield Hallam University, Sheffield. She gave a presentation on *Older People and Probation*.

### ***Summary of presentation***

The Criminal Justice System (CJS) is designed for younger people, but older people are increasingly involved, both in custody and in the community on probation. 'Older' means 50+ in the CJS, which is 'age blind' to their presence whilst also featuring an ageing workforce in prisons and community services. Post-release, older people can experience the double discrimination of age and a criminal record. Research has also linked other kinds of disadvantage (such as ethnicity, sexuality, gender, socio-economic status) to the lot of the older prisoner/probationer.

Older people are the fastest growing group in prison populations and there are 25 thousand 50+ on probation (representing 10% of probationers). Research on 'first time' imprisonment in later life noted generational 'cultural' differences between them and younger prisoners, as well as technical problems and difficulties in keeping connections. For older people coming out of prison, their resettlement fears included 'not being the same person' or the world being different on release; the need for extra supervision (eg. older sex offenders); and the oldest old anticipating exclusion and loneliness.

Probation caseloads increasingly feature older people and include those on community orders, suspended prison sentences and licence / post-sentence supervision. This last group is a growth area and involves lots of reporting and complying with conditions. Probation officers have no special training regarding older people.

HM Probation Inspectorate recently commissioned research comparing older probationers' experience with that of older people generally. Relative disadvantage was identified in the areas of *housing, poverty* (eg. incomplete pensions), *health issues* such as depression, substance misuse and chronic / mental illnesses generally, and *relationships and connectivity*, as partnerships and families had often dissolved and there were bars to many activities and memberships.

See this HM Inspectorate Report by Nichola at *Academic-Insights-Cadet-Dec-22v1.5.pdf* (copy and paste into browser). See also <https://shura.shu.ac.uk/29102/> for an article written by Nichola in *British Journal of Community Justice*.

### ***Questions and discussion from the floor***

In response to questions and discussion, Nichola noted that older prisoners on release or probation could often be 'held at arms' length'. A licence could be for twelve months or for the rest of life. It was relatively common for older people to die in prison or on probation. The Probation Service had been privatised but was now back and needed to re-make connections in local areas. Chaplaincy was seen generally as a good thing and, in prisons, offered a place of refuge from the chaos within the institution.

Although probation caseloads were very large, older probationers were not particularly recognised as an issue, despite the context of an ageing society and workforce. Probation work was essentially relational and quality and numbers of staff were the key to a good service. A hopeful initiative was to appoint new Health and Justice Coordinators to develop links between the CJS and the NHS, especially to tackle mental health and substance abuse issues.

Following a short break at **2.45pm**, we reconvened for a second presentation on the afternoon theme of older people at the margins.

**3pm:** Keith introduced Emily Kenwood, founder and CEO of Time to Talk Befriending, who gave a presentation on *Older People and Loneliness*.

### ***Summary of presentation***

Emily had founded *Time to Talk Befriending* ten years ago, from a background in social work. As a Christian, she had wondered about the lives of older people in her community who were not visible. With others in her congregation, she had taken part in ‘mapping’ the extent and location of elderly households. A public invitation to an event resulted in 94 older people attending, and a better understanding for the church of what might be needed to help improve quality of life – the real situation of loneliness, as Emily described it.

It took a small grant to help establish a service, but an initial focus was on finding ways to offer value and connections to lonely older people through befriending. Services now include: one-to-one befriending, enhanced befriending and group peer befriending; signposting, intergenerational projects, research and outreach; Anna Chaplaincy and training.

Who are the lonely – the ‘hidden at home’? AgeUK estimates that 1.5 million often feel lonely and over 90% of them feel it is difficult to tell anyone about being lonely. Time to Talk’s scheme members’ average age is 82 and nine out of ten live alone. About half live with multiple chronic health conditions, a third are housebound or virtually housebound and twelve percent live with dementia.

The impact of loneliness on health is estimated to include higher rates of heart disease, depression and dementia. Many express lack of purpose and identity. People become lonely for many reasons, including life events or previous lack of networks that diminish further. Social deprivation factors such as exclusion, family breakdown or crime can further impact health and wellbeing, leading to decline. Lack of digital skills and resources can exacerbate a sense of being disconnected from others / the world, and less agency in older people’s lives.

Into such situations, Time to Talk services aim to be caring, compassionate, reliable, friendly, positive, reassuring, welcoming and professional. Their volunteers feedback on the many ways in which their ‘ministry’ is two-way and positive for all involved. Emily also described everyday ways we can all offer support and encouragement. The best way to find out what people need is to ask them. Time to Talk Befriending equips and encourages all sorts of people to help out, including talking with others about difficult things such as loss, bereavement and end of life.

### ***Questions and discussion from the floor***

The need to find where people are and not just hope they come to us had been well demonstrated by this organisation. Also, to offer the chance for 'clients' to subsequently befriend others.

Research by Time to Talk is carried out using individual interviews, focus groups and postal surveys. Advice on research, including co-design approaches, had come from Sussex University. Data had also been used from Adult Social Care, Seniors Care and AgeUK.

A question on older men (a minority in this field) recounted new ways of outreach. Anna Chaplaincy offered a story of a knitting and natter group that had extended into a news sharing group, with optional knitting!

Needs in later life to do with sexuality and dementia were being addressed by 'enhanced befriending' services which entailed particular training for volunteers. There was a larger question of spiritual care and support in a LGBT community that needed attention.

**3.45pm:** Keith Albans led a brief reflection on the day and encouraged participants to respond to a brief post-conference feedback form which would be sent the following day. (A good response was received.) We were urged to think further about what we could do as churches. Perhaps we could be the place to 'join ends together' – the loneliness felt by 16-24 year olds with that of older people. We could make more of special 'days', for instance Older People (1<sup>st</sup> October), World Alzheimers (21/9) and many others, to get involved in the wider secular agenda for inclusiveness.

*We closed the conference at 4pm.*

**Resources mentioned** in 'chat' throughout the day and in presentations and discussions.

[www.adoptagrandparent.org.uk](http://www.adoptagrandparent.org.uk)

Christians Together against Loneliness: [www.ctal.uk](http://www.ctal.uk)

Inclusive Church: <https://inclusive-church.org>

Ines' meditation track <https://www.youtube.com/watch?v=XmHlpOozogA> and her website: [www.inesdelgadoviolin.com](http://www.inesdelgadoviolin.com)

Men's Sheds: <https://menssheds.org.uk>

Older Persons Day: <https://www.un.org/observances/older-persons-day>

ooo0ooo

## Discussion groups on topics from the Archbishops' report

Questions were supplied by Will Fremont-Brown, who called in to each group to sample their discussions and contribute where appropriate.

### Group 1: Rethinking attitudes. Facilitated by Marion Shoard

1. What do you make of the [values and principles](#) set out by the Commission [Universal, Fair, Loving Kindness, Trust, Inclusion, Mutuality, Empathy]?
2. Are any of these values particularly important and is anything missing? In your experience, which of these are churches particularly good at demonstrating, and which would require a shift in our attitudes and practices?
3. Does the Church need to rethink its own attitudes in how it understands the hopes, needs and aspirations of older people and disabled people?
4. How welcoming are our churches to older people and disabled people?
5. What can be done to ensure that people who may need additional support are viewed as a blessing and enabled to participate fully in the worshipping and community life of our churches?

Our lively group hailed from Beverley, Cheam, Stockport, London, Edenbridge, Wymondham ... and Queensland!

1. We felt that the Commission's list of values and principles was useful, but comments included: 'respect' could usefully have been included; and, in view of the context, Jesus' name should have featured in the list. Around the 'universal' principle, we questioned the justification for the idea that everyone should receive all the social care they need free from the state, if that is implied by that principle. One contributor considered that individuals should expect to pay for their care using any substantial savings, most obviously in property, even if that means their offspring do not inherit as much as they might. However, most of our deliberations revolved around the final three questions, in particular the extent to which churches are welcoming, with delegates contributing the following thoughts.

2. Churches can be unaccountably hostile to homeless people, allowing their failure to appreciate the difficulty in keeping oneself clean and tidy when homeless as a barrier. This is a shame, not least because engagement with homeless people can be very rewarding. On the other hand, another contributor praised churches for the welcome they give to refugees and homeless people, but deplored their failure to recognise and respond to the needs of people within their church community who may begin to behave oddly or fall ill. One delegate explained that when, as a central figure in her church community, she was taken seriously ill a few years ago, everyone in the church offered help. However, when four years later her illness recurred, she was largely ignored, nobody visited, including her minister, who phoned once and sent one email. She had dropped off the radar.

3. This failure in churches to engage with members of their own community who have become frail was echoed by others in our group. One delegate reported that a woman who had once been feisty and much involved in church life but who had latterly become frail had told her, "I feel invisible. I don't know what my role is any longer. Nobody asks my opinion now". We recognised that people who move into care homes can soon be forgotten by their church communities. It can seem to the person who has moved permanently to a care home that the care home door has slammed shut after them. Churches need to find ways of

figuratively opening it. One contributor had found it hard to persuade others within her church to visit older and disabled people in care homes, perhaps because they feel scared that this might come to be their destiny too. Yet she was convinced that people who have had to move into care homes much wish to remain part of the church community and receive visitors – not because they are on a visiting rota or the visitor may bring them something: because the visitor really wishes to engage with them.

In all aspects of exclusion, imagination was essential. Think what it's like to be uprooted from your physical environment and go and live amongst strangers; relocation to a care home is a huge upheaval yet one that remains unrecognised as one of life's great challenges, like divorce or bereavement. Importantly, church can help people cope because it provides immersion in another 'home' – whether the environment of a long-familiar church and its congregation, or the sense of being in a holy place that can be created in an act of worship brought into a care home.

4. We went on to talk about the accessibility of church environments. We appreciated that many churches had been working hard to tick accessibility boxes through the provision of better lighting, step-free facilities, a hearing loop and large-print hymn books, for example. But do we always tackle accessibility in a person-centred way? Unless we take the trouble to ask, we may fail to realise that the visiting preacher's speech is too fast or the sound quality of a video too muffled for older ears to pick up; or that elderly members of the congregation (who need four times as much light as a younger person to see as well) will struggle to read the service-sheet at a candlelit Christmas service; or that people who are hard of hearing may welcome a hymn book with music to help them sing with confidence. Dementia presents yet another barrier to engagement, but alas, we had run out of time after a sometimes harrowing, but extremely enlightening and useful discussion.

### **Group 2: Rebalancing roles and responsibilities. Facilitated by Rev Dr Joseph Cortis**

- 1. What do you make of the Commission's idea of a National Care Covenant as a way of clarifying the roles and responsibilities of individuals, families and communities, alongside local and national government?*
- 2. How does the idea of a covenant reflect our distinctive engagement as Christians with issues relating to ageing and disability?*
- 3. What do you think of the Commission's recommendation that communities (including faith groups) should be better resourced and play a bigger role in supporting people to stay well and remain connected when they need additional care?*
- 4. How can churches participate in offering practical, emotional and spiritual support to people with caring responsibilities?*

1. There were quite a lot of concerns that as faith communities we do not really know who our neighbour is. This had become startlingly clear as a result of the Covid pandemic. The notion of a covenant is an interesting one but people need to have clear commitment to it with responsibilities. There is a risk of this just remaining a concept. A covenant involves trust on both sides. Is this report being fed into the Government and Church authorities? Partnership working is crucial. Churches need to employ people to focus on older people.

2. We are all made in the image of God and the whole of our life is valuable to God. However, applying the concept of being created in the image of God with no exception is challenging. Church communities need to openly and critically reflect on how inclusive their

community is and be prepared to address any deficits. Renewal of a covenant is a daily requirement especially at an individual level. Do we close our eyes to difference and diversity because of the strong belief that 'we treat everybody the same'? Faith is expressed through loving service.

3. There are examples of current good practice out there which need to be disseminated and shared more. Need to have a much clearer picture on how much of an impact faith communities are having in their communities. There were reservations about local authority funds going directly to faith communities to deliver services; a partnership approach is believed to be far more desirable and effective. Are church facilities open to their local community? How is this paid for?

4. It is crucially important that carers feel that they are valued and supported rather than it being seen as an obligation and responsibility to care alone for their loved ones. Need to have well-structured and funded support groups, and to clearly know who the carers are in our communities. Although some carers might not want to be identified and classed as such. Carers need space to gather and talk. More training and education is needed in our communities about sensitive and challenging issues relating to for example dementia and disabilities.

### **Group 3: Redesigning the social care system. Facilitated by Dr David Jolley**

- 1. The Commission proposes that steps are taken to redesign the social care system with suggestions including an increase in the offer of first-contact help in the community, alongside a simplified social care assessment and budget allocation process, and more flexibility about how people manage their personal budgets.*
- 2. What do you make of these different suggestions and which do you think are particularly important?*
- 3. What do you make of the Commission's argument that, long-term, access to care and support should ultimately become a universal entitlement, free at the point of need?*
- 4. What reflections do you have about the prospect of social care reform in the current political climate?*

We were a group of nine and included ministers, Anna chaplains, volunteers from several settings and a historian of the Jewish tradition. The discussion was wide-ranging and valuable.

1. Over and over again we came back to assert that adequate funding is essential and the fact that current funding falls far short of this means that there are problems at every level. Northern Ireland is attempting to make services more connected by bringing Health and Social Care into one – it is a nightmare and we all want things to become better. Faith groups are in this for the long-term and they share an ethos of care. There is real concern: 'How much do we value later life?' Our attention was drawn to a report from the Open University: [The value and practice of relational care for older people](#) [Relational care report ORO VERSION EDIT.pdf \(open.ac.uk\)](#) We question: what is basic (essential)? What are extras? Where do hotel charges fit in?

2. Issues relating to dementia were raised: An illness, but designated 'social' – with massive impact on perceptions, stigma and finances. The closure of large mental hospitals and geriatric hospital has not seen the end of 'warehousing' of old people with multiple

pathologies, disabilities and needs. What was a large carpet has been replaced by small rugs – still to be swept under.

Death and dying are large in the minds of older people in need, and their families. They were excluded from consideration in this report. The contributions of Kathryn Maddox in this area were commended. Death is part of the design of life. It is important to counter the valuation which sees it as failure and, rather, to include dying and death as experiences to be thought of and prepared for with care. We look for person-centred care.

3. At present, it has become difficult to gain access to services at every level. We need them to become less ‘cliff-edge-ish’ (i.e. having nothing until the last minute, then all at once - perhaps too late and unnecessarily comprehensive and expensive, rather than moderated and shared from an earlier stage). Falls, fractures and admission to hospital via A& E are unhappily too often the gateway to care of any sort. There is pressure to stay in your own home, even if it is unsuitable. But lack of facilities can be compensated by services if well designed and made available early and easily.

The hazards of ‘single point of access’ designs were described. Too often being experienced as a single point of no entry (Horatio at the bridge). Community social life includes meeting at work, school, clubs, pubs, streets and cul-de-sac. The culture of individualism was broken, at least for a while, during the pandemic, with people turning to help each other. Words: we did not like ‘independent living’ as a descriptor for specialist housing for older people. ‘Interdependent Living’ might reflect more surely what we want.

4. Where will we be in ten years’ time – if things don’t change/if things are changed for the better? We were reminded that 100 years ago mental hospitals were built with the best of intentions. A better spectrum of care has been developed in the meantime – but functioning less well now than it was 20 years ago We were reminded that Old Age Pensions have made conditions for old people so much better – sustained by the Triple Lock. Also, that care of those in need is a priority across the faiths: ‘Love your neighbour’ is owned by all. An example of Jewish community centres was described.

*Joanna Walker*  
*October 2023*